



PROVIDER FAST TRACK TRANSITION MODIFICATION REQUEST

Provider Fast Track Modification Request **Must be requested by June 1**

Provider Name: _____

Contract Number: _____

Original Service Outcomes:

| | | | | | |
|-------------------------|----------------------------|--------------------------------|--|----------------------|------------------------------|
| Approved Rates | \$ | \$ | \$ | \$ | \$ |
| | Job Exploration Counseling | Work-Based Learning Experience | Counseling on Post-Secondary Education | Work Place Readiness | Instruction in Self-Advocacy |
| Number of Customers | | | | | |
| Original Contract Total | | | | | |

Proposed Service Outcomes:

| | | | | | |
|-------------------------|----------------------------|--------------------------------|--|----------------------|------------------------------|
| | Job Exploration Counseling | Work-Based Learning Experience | Counseling on Post-Secondary Education | Work Place Readiness | Instruction in Self-Advocacy |
| Number of Customers | | | | | |
| Modified Contract Total | | | | | |

Justification:

****A proposed contract total greater than the original contract total will result in an automatic rejection. That will require a submission of a formal amendment request to your designated Project Officer by April 15.**

 Printed Name of Authorized Agent

 Signature of Authorized Agent

 Date

 Printed Name of DRS - Community Resources Manager

 Signature of DRS - Community Resources Manager

 Date